SSO Maintenance Report

| Date of Occurance | Address | Blockage Reason 1 | Blockage Reason 2 | Volume/Gallons | Responsibility | Removal Method | Receiving Waters | Mitigation Used on Untreated Waters | Actions to mitigate future SSO |
|-------------------|---------------------|-------------------|-------------------|----------------|----------------|-----------------------|------------------|-------------------------------------|--------------------------------|
| 07/22/14 | 2350 Spruce | Tree roots | | 10 | Village | Sewer Jet | | | Line maintenance |
| 07/16/14 | 17632 Hillside | Undetermined | | 25 | Village | Sewer Jet | | | Line maintenance |
| 07/14/14 | 2505 Hawthorne | Rain | | 168,000 | Village | By-pass pump to Storm | Cal Union Ditch | | |
| 07/14/14 | 18311 Martin Avenue | Rain | | 168,000 | Village | By-pass pump to Storm | Cal Union Ditch | | |
| 07/14/14 | 2317 Clyde Terrace | Rain | | | Village | By-pass pump to Storm | Cal Union Ditch | | |
| 07/12/14 | 18429 Palmer | Rain | | | Village | | Cal Union Ditch | | |



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

| Permittee (Mu VILLAGE OF | | | ity Nar | ne): | Permit Numbe MS4-IL40035 | | son Representing Permittee Who Contacted IEPA: B LACHAPELLE |
|---|----------------|-------------|---------|---------------------------------|-----------------------------|---------------|---|
| Date: 07-22-14 | Time: 15:25 | AM X | PM | IEPA Office DES PLAIN | e Contacted: NES | | Name of IEPA Employee Contacted: Alan Anderson |
| Sanitary Se | ewer Ove | erflow | or E | ypass Det | talls | | |
| Date and Dura | ation of Ov | erflow | or Byp | ass Occumen | nce (complete a | separate fo | rm for each occurrence): |
| Start Date: 07-22-14 | Time: 13:45 | _ AM _ □ | PM × | Duration of 1 hour | the overflow or | bypass (hοι | urs and minutes): |
| Estimated Vol Wastewater Discharged (gallons): 10 | V M sy | | Not ap | During bypass plicable for a | collection | Location of t | the Overflow or Bypass: e Rd |
| Circumstaı | nces Cai | using | the (| Overflow o | or Bypass (cl | heck all th | nat apply) |
| WPC 733 | | Rain | | ☐ Power C | Outage 🗌 Eq | uipment Fail | ure 🗵 Other (explain below) |
| 11/2011 | | Snow N | Лelt | Broken : | Sewer 🔲 Wi | despread Flo | ooding |
| failed. What | caused the | power | r outag | je, or what plu | ugged the sewe | er. Flooding | occurred. For example, describe what equipment should only be indicated, as a cause if there is ot just localized high water in the street. |
| The resident ran water in the | | pruce F | ₹d. cal | led and repor | ted they had w | ater coming | the floor drains. The water came up when they |

| Wet Weather (i | f applical | ole) | | | | | | |
|---|--|------------------------------------|---|------------|---|----------------------|--------------|--|
| Date(s) and Du | ration of R | lainfall: | | | | | | |
| Start Date: 7 | ime: / | AM PM | End Date: | Time: | AM PM | Amount of Rainf | all (inches) | Amount of Snow Melt (inches) |
| Contributing Sc | il Conditio | ns (satu | rated, frozen, | soil type) | | | | |
| Where Did t | he Discl | narge f | rom the O | erflow | or Bypas | s Go? (check | all that a | pply) |
| If discharge does storm sewer to | es not ente find the re ound and a | er directl ceiving v absorbs | y into surface water. into the soil | | | | | stream, river, lake, or wetland. er, trace the path of the ditch or |
| Ditch: Nam | | | - | | | | | |
| ☐ Storm Sewe☐ Surface wa | | | | rains to: | | | | |
| Basement E | Back-ups, | (Numb | er & use (i.e.r | esidential | , commerci | al) of buildings aff | ected): 1 RI | ESIDENTIAL |
| X Other, desc | ribe: WAT | TER CO | MMING UP F | LOOR DR | AINS | | | |
| problem. The r | | | end of the se | wer. | | | | • • • • • • • • • • • • • • • • • • • |
| Report Com | pietea E | sy | | | Auti | iorizea Kepre | sentative | Contact Information |
| Contact Person Street Address: PO Box: City: Zip Code: County: Any person wi | HOMEC 60430 COOK | OD F | T RD State: Phone: 708-2 | 06-2910 | Title: Stree PO E City: Zip C | t Address: | | State: Phone: |
| | | | | | ubsequen | | | a Class 3 felony. (415 |
| Authorized Rep | presentativ | e Name | (Print) | | Title | | | |
| Bob LaChapell | e /1. | | | | UTILITY S | UPERVISOR | | |
| butc | Lh_ | Pa | | | | | 7-23 | -14 |



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

| Permittee (Mun Village of Hom | | r Facili | ty Nan | ne): | Permit Numbe ms4-il40035 | | son Representing Permittee Who Contacted IEPA: pert LaChapelle |
|--|----------------|---------------------------|----------|--------------------------------|-----------------------------|-----------------|---|
| Date: 07-16-14 | Time: 8:50 | AM × | PM | IEPA Office Des Plaine | Contacted: | | Name of IEPA Employee Contacted: ALAN ANDERSON |
| Sanitary Sev | ver Ove | rflow | or B | ypass Det | tails | | |
| Date and Durat | ion of Ove | erflow o | or Bypa | ass Occumer | nce (complete a | separate fo | rm for each occurrence): |
| Start Date: 07-15-14 | Time: 15:30 | AM | PM X | Duration of | the overflow or | bypass (hou | urs and minutes): |
| Estimated Volu Wastewater Discharged (gallons): 25 | V/ | WTP F GD): N stem S | iot app | uring bypass blicable for a | collection | Location of the | he Overflow or Bypass: de ave |
| Circumstand | ces Cau | sing | the C | verflow o | r Bypass (c | heck all th | nat apply) |
| WPC 733 | □R | Rain | | ☐ Power C | Outage 🗌 Eq | uipment Fail | ure 🗵 Other (explain below) |
| 11/2011 | □ s | now M | lelt | ☐ Broken | Sewer 🗌 Wi | despread Flo | ooding |
| failed. What ca | used the | power | outage | e, or what plu | igged the sewe | er. Flooding | occurred. For example, describe what equipment should only be indicated, as a cause if there is ot just localized high water in the street. |
| THE VILLAGE | SEWER | NAS B | LOCK | ED. WE DO | NOT KNOW V | WHAT CAUS | E THE BLOCKAGE. |

| Wet Weather | (if applicable) | | | | | | |
|---|--|--|-----------------------------|----------------------------|--|-----------------------|--|
| Date(s) and D | uration of Rainf | all: | | | | | |
| Start Date: | Time: AM F | | Time: | AM PM | Amount of Rainfall (i | nches) | Amount of Snow Melt (inches) |
| Contributing S saturated it b | Soil Conditions (Seen raining all v | saturated, frozer veek. | ı, soil type) | | | | |
| Where Did | the Discharç | ge from the C | verflow | or Bypas | ss Go? (check all | that ap | ply) |
| If discharge do | | ectly into surfac | | | | | tream, river, lake, or wetland. r, trace the path of the ditch o |
| Runs on g | round and abso | rbs into the soil | | | | | |
| Ditch: Nai | me of surface w | ater it drains to: | | | | | |
| Storm Sev | ver: Name of | surface water it | drains to: | o > | | | |
| ☐ Surface w | ater direct disch | narge: | | | | | |
| ☐ Basement | Back-ups, (Nu | ımber & use (i.e | residential, | , commerci | al) of buildings affected | d): 1 RE | SIDENTAL |
| X Other, des | scribe: resident | has no basemer | nt floor drai | in in slab. | | | |
| | | | | | | | |
| Actions to | Correct This | Occurrence | and Prev | vent Futi | are Owerflows or | Bypass | es |
| this form. Als permits prohib may be the su | o describe what oit overflows or object of enforce | t actions are plar bypasses, unles ement action. | ned to pres s certain sp | vent or min ecified cor | imize future overflows ditions are met. Sanit | or bypas ary sewer | ow or bypass reported on sess. Illinois law and NPDES overflows and bypasses |
| and cleared to | 2 | IE Homeowners | Line went | ٨ | horized Represen | tative C | Contact Information |
| 0.1 | | 80 | | | 1 3 | iuii o c | |
| | n: Robert LaCh | | | _ | act Person: Same | | |
| | s: _2020 Chestn | ut ra | | _ Title | A A status a sec | | |
| PO Box: City: | Homewood | State | : IL | PO E | | | |
| Zip Code: | 60430 | Phone: 708- | | City: | | | State: |
| County: | Cook | 7 Holic. 700 | 200 2010 | X390 S | ode: | 3 | Phone: |
| | | | - | Cour | nty: | | |
| | ommits a Clas | | | | ent material statemen t offense after convid | | |
| Authorized Re | epresentative N | ame (Print) | | Title | | | |
| Robert LaCha | apelle | | | Utility sup | ervisor | | |
| Part | aff | = 40 | | oup | _ 7- | -16 | -14 |
| Autho | rized Represen | tative Signature | 6 | | > | Date | |



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

 $Failure\ to\ notify\ the\ Illinois\ EPA\ as\ specified\ may\ result\ in\ fines\ up\ to\ \$10,\!000\ for\ each\ day\ of\ violation.$

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

| Permittee (Mur VILLAGE OF I | | | ity Nar | ne): | Permit Number MS4-IL40035 | |
|--|---------------|-------------------------------------|---------|--------------------------------|------------------------------|--|
| Date: 07-14-14 | Time: 8:40 | AM | PM | IEPA Office DES PLAIN | Contacted: | Name of IEPA Employee Contacted: Alan Anderson |
| Sanitary Se | wer Ove | erflow | or B | ypass Def | alls | |
| Date and Durat | ion of Ov | erflow | or Byp | ass Occurrer | nce (complete : | separate form for each occurrence): |
| Start Date: 07-12-14 | Time: 9:00 | AM [X] | PM | Duration of 7 hrs | the overflow o | bypass (hours and minutes): |
| Estimated Volu Wastewater Discharged (gallons): 168000 | V M sy | WTP F IGD): It ystem S I/A | Vot ap | uring bypass plicable for a | (report in collection | Location of the Overflow or Bypass: 2505 Hawthome rd |
| Circumstan | ces Ca | using | the C | Overflow o | r Bypass (d | heck all that apply) |
| WPC 733 | X | Rain | | ☐ Power (| Outage 🗵 Ed | uipment Failure 🔲 Other (explain below) |
| 11/2011 | | Snow N | /lelt | ☐ Broken | Sewer 🗵 W | idespread Flooding |
| failed. What ca | aused the | power | outag | e, or what pli | ugged the sew | or bypass occurred. For example, describe what equipment er. Flooding should only be indicated, as a cause if there is ater levels, not just localized high water in the street. |
| | | | | | | w from the sanitary sewers. The second pump was not in station to the storm sewer or the water would have gone into |

| Wet Weathe | r (if applic | able) | | | | | | |
|--|--|--|--|-------------------------|-------------------------------|---|---------------------------------------|--|
| Date(s) and I | Duration o | f Rainfall: | | | | | | |
| Start Date: 07-12-14 | Time: 6:00 | AM PM | End Date: 04-13-14 | Time: 7:00 | AM PM | Amount of Rain | ıfall (inches) | Amount of Snow Melt (inches) |
| Contributing saturated so | | itions (satu | ırated, frozen, | soil type) | (| | 00.0 | 2 |
| Where Dic | the Dis | charge f | from the O | verflow | or Bypas | s Go? (chec | k all that a | pply) |
| Provide the r If discharge o storm sewer Runs on | does not e to find the ground an | nter directl receiving d absorbs | y into surface water. into the soil | at the wa water, bu | stewater er t indirectly I | iters, which could by way of a ditch | d be a nearby or storm sew | stream, river, lake, or wetland. er, trace the path of the ditch or |
| STOCKE IN | | | | raina ta: | Calumatu | ntor chad | | |
| ⊠ Storm Se | | | face water it d | iams to. | Calumet w | ater sileu | | |
| Surface | | CONTROL SOCIAL DOCUMENTS OF THE STATE OF THE | Control of the Contro | | | D. FL. HER. | · · · · · · · · · · · · · · · · · · · | V |
| | 15. | s, (Numb | er & use (i.e.r | esidentiai | , commerci | al) of buildings at | пестеа): | |
| Other, d | escribe: | | | | | | 6 1 | * 0 N N |
| could not ke | ep up with | the incom | | am. who | | | | back to normal. The pump |
| Report Co | mpleted | ву | | | Aut | norizea Repri | esentative | Contact Information |
| Contact Pers | on: Bob L | a Chapelle | Э | | Cont | act Person: SAM | 1E | |
| Street Addre | ss: 2020 | CHESTNU | JT RD | | Title | | **** | |
| PO Box: | - | | | | | et Address: | | N |
| City: | - | EOOD | State: | | PO E | September 1 | | - Chala |
| Zip Code: | 60430 | | Phone: 708-2 | 206-2910 | City: | - | | State: |
| County: | COOL | ζ | | - N | Cour | Code: nty: | | rnone. |
| Any person Illinois EPA ILCS 5/44(h) | commits | wingly ma a Class 4 | ikes a false, f felony. A se | ictitious, cond or s | or fraudule subsequen | ent material stat t offense after o | tement, orally conviction is | or in writing, to the a Class 3 felony. (415 |
| Authorized F | Representa | ative Name | e (Print) | | Title | | | |
| Bob LaCha | 1.50 | | VE.C. | | UTILITY | SUPERVISOR | | |
| River | tafh | ~ | | | 2 | | 7-14. | -14 |



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

| Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD | | | | | ermit Nu 4S4-IL40 | | Person BOB L | Representing Permittee Who Contacted IEPA: ACHAPELLE |
|--|---------------|-----------------------------|--------|-------------------------------------|--------------------------------------|-------------|-----------------------|---|
| Date: 07-14-14 | Time: 8:40 | AM × | PM | | EPA Office Contacted: DES PLAINES | | | Name of IEPA Employee Contacted: Alan Anderson |
| Sanitary Se | wer Ove | erflow | or E | ypass Deta | ils | | | |
| Date and Durat | ion of Ov | erflow | or Byp | ass Occurrenc | e (compl | ete a separ | ate form | for each occurrence): |
| Start Date: 07-12-14 | Time: 9:00 | AM × | PM | Duration of th | e overflo | ow or bypas | s (hours | and minutes): |
| Estimated Volu Wastewater Discharged (gallons): 168000 | V M sy | WTP (IGD): I ystem (| Vot ap | uring bypass (i plicable for a c | report in ollection | | on of the Martin A | Overflow or Bypass: |
| Circumstan | ces Ca | using | the 0 | Overflow or | Bypas | s (check | all that | t apply) |
| WPC 733 | X | Rain | | Power Ou | itage 🛭 | S Equipment | nt Failure | e 🗌 Other (explain below) |
| 11/2011 | | Snow M | ∕lelt | ☐ Broken Se | ewer 🛭 | ☑ Widespre | ad Floo | ding |
| failed. What ca | aused the | power | outag | e, or what plug | ged the | sewer. Flo | oding sh | urred. For example, describe what equipment ould only be indicated, as a cause if there is just localized high water in the street. |
| Lift station # 5 the storm sew | | | | | | | v from th | e sanitary sewers. we had to pump the station to |

| Wet Weather | r (if appli | icable) | | | | | |
|--|---------------------------|--------------------------------|--------------------------|--------------|----------------|--|--|
| Date(s) and [| Ouration (| of Rainfall: | | | | | |
| Start Date: 07-12-14 | Time: 6:00 | AM PM | End Date: 04-13-14 | Time: 7:00 | AM PM | Amount of Rainfall (inches) | Amount of Snow Melt (inches) |
| Contributing saturated so | Soil Cond il. | ditions (satu | ırated, frozen, | , soil type) |) | | |
| Where Did | the Di | scharge f | from the O | verflow | or Bypas | ss Go? (check all that a | apply) |
| | loes not e to find the | enter directl e receiving v | y into surface water. | | | | y stream, river, lake, or wetland. wer, trace the path of the ditch o |
| Ditch: Na | me of su | rface water | r it drains to: | | | | |
| ✓ Storm Se | wer: N | ame of surf | face water it d | rains to: | Calumet w | ater shed | |
| ☐ Surface v | water dire | ect discharg | je: | | | | * |
| ☐ Basemen | t Back-u | os, (Numb | er & use (i.e.r | esidential | , commerci | al) of buildings affected): | II . |
| Other, de | escribe: | | | | | 5 | |
| may be the s The sanitary could not ke | sewer w | as full due t | to the heavy r | ain. when | the rains s | topped the levels slowly wer | t back to normal. The pumps |
| Report Co | mplete | d By | | | Autl | norized Representative | Contact Information |
| Contact Pers | on: Bob | La Chapelle | 2 | | Cont | act Person: SAME | |
| Street Addres | s: 2020 | CHESTNU | TRD | | Title | | |
| PO Box: | - | 7.10.10 | | | | 110 | |
| City: | | EOOD | State: | | PO B | | - 01-1 |
| Zip Code: | 6043 | 100 | Phone: 708-2 | 206-2910 | City: Zip C | ,ude. | State: |
| County: | coo | K | | | Cour | 2 | Filone. |
| | commits | | | | | ent material statement, orali t offense after conviction is | |
| Authorized R | epresent | ative Name | (Print) | | Title | | |
| Bob LaChap | | | | | UTILITY | SUPERVISOR | |
| Ruta | De | | | | 200 | 7-14. | -/4 |



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

| Permittee (Mu VILLAGE OF | | | lity Nai | me): | Permit Number: MS4-IL40035 | Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE |
|---|---------------|-------------------------------|----------|---------------------------------|-------------------------------|---|
| Date: 07-14-14 | Time: 8:40 | AM × | PM | IEPA Office DES PLAIN | e Contacted: NES | Name of IEPA Employee Contacted: Alan Anderson |
| Sanitary Se | ewer Ov | erflov | v or E | 3ypass Def | tails | |
| Date and Dura | ation of Ov | erflow | or Byp | ass Occurrer | nce (complete a se | eparate form for each occurrence): |
| Start Date: 07-12-14 | Time: 9:00 | AM _ 🗵 | PM | Duration of | the overflow or by | ypass (hours and minutes): |
| Estimated Vol Wastewater Discharged (gallons): | V\ M sy | WWTP I IGD): I ystem \$ | Not ap | Ouring bypass plicable for a | collection Lo | cation of the Overflow or Bypass: 317 Clyde Terrace |
| Circumstar | nces Car | using | the (| Overflow c | r Bypass (che | eck all that apply) |
| WPC 733 | X | Rain | | ☐ Power (| Outage 🗌 Equip | oment Failure |
| 11/2011 | <u></u> : | Snow N | Velt | Broken | Sewer ⊠ Wide | spread Flooding |
| failed. What o | caused the | e power | r outag | ge, or what plu | ugged the sewer. | r bypass occurred. For example, describe what equipment Flooding should only be indicated, as a cause if there is er levels, not just localized high water in the street. |
| The sanitary | sewer were | e full di | ue to ti | 1e heavy rain | in a shot time spa | an. |

| Wet Weather | (if appli | cable) | | | | | | |
|--|--|--|--|---------------------------------------|-------------------------------|--|-----------------------------|---|
| Date(s) and [| Ouration o | f Rainfall: | | | | | | |
| Start Date: 07-12-14 | Time: 6:00 | AM PM | End Date: 04-13-14 | Time: 7:00 | AM PM | Amount of Rainfa | all (inches) | Amount of Snow Melt (inches) |
| Contributing saturated so | Soil Cond il. | litions (satu | ırated, frozen | , soil type) | | - | | |
| Where Did | the Dis | charge f | from the O | verflow | or Bypas | s Go? (check | all that a | pply) |
| Provide the n If discharge d storm sewer t Runs on g | loes not e so find the ground an | nter directl receiving d absorbs | y into surface water. into the soil | nat the was water, but | stewater en t indirectly t | ters, which could by way of a ditch o | be a nearby r storm sew | stream, river, lake, or wetland. er, trace the path of the ditch o |
| ☐ Storm Se | | | face water it d | rains to: | Calumet w | ater shed | | |
| | | ct discharg | | ************* | | 71.71 | | |
| 55 1 | | CROSTORIA WAR VIEW TOOLS | Control of the contro | esidential. | commercia | al) of buildings affe | ected): 1 re | sidential |
| Other, de | and the same of th | , (| ^ | | ,y | , | | |
| may be the s The sanitary | AND BUILDING | | | ain. Wher | the rains s | stopped the levels | slowly wen | t back to normal. |
| Report Co | mpleted | в Ву | | | Auth | norized Repres | sentative | Contact Information |
| Contact Pers | on: Bob L | a Chapelle |) | | Conta | act Person: SAME | | · |
| Street Addres | ss: 2020 | CHESTNU | TRD | | Title: | | × | |
| PO Box: | | | | | | t Address: | | 0 |
| City: | | EOOD | State: | | PO B | ox: | | |
| Zip Code: | 60430 | | Phone: 708-2 | 206-2910 | City: | <u></u> | | State: |
| County: | cool | K | | | Zip C Coun | | | Phone: |
| Any person Illinois EPA ILCS 5/44(h) | commits | wingly ma a Class 4 | kes a false, t felony. A se | ictitious, cond or s | or fraudule ubsequen | ent material state t offense after co | ment, orally nviction is | or in writing, to the a Class 3 felony. (415 |
| Authorized R | epresent | ative Name | e (Print) | | Title | | | |
| Bob LaChap | | | s | | UTILITY S | UPERVISOR | | |
| Root 6 | Al | × | | · · · · · · · · · · · · · · · · · · · | | | 7-14- | -14 |



Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

| Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD | | | | | Permit Number: MS4-IL40035 | Person Representing Permittee Who Contacted IEPA: BOB LACHAPELLE |
|---|---------------|------------------------------|----------|--------------------------------|-------------------------------|---|
| Date: 07-14-14 | Time: 8:40 | AM × | PM | IEPA Office DES PLAIN | e Contacted: NES | Name of IEPA Employee Contacted: Alan Anderson |
| Sanitary S | ewer Ove | - erflow | or E | ypass Def | tails | |
| Date and Dur | ation of Ov | erflow | or Byp | ass Occurrer | nce (complete a s | eparate form for each occurrence): |
| Start Date: 07-12-14 | Time: 9:00 | AM × | PM | Duration of | the overflow or by | ypass (hours and minutes): |
| Estimated Vo Wastewater Discharged (gallons): | V\ M sy | MVTP F GD): 1 /stem \$ | Vot ap | uring bypass plicable for a | collection Lo | cation of the Overflow or Bypass: 3429 Palmer |
| Circumsta | nces Cai | using | the (| Overflow o | r Bypass (che | eck all that apply) |
| WPC 733 | X | Rain | | ☐ Power (| Dutage 🔲 Equip | oment Failure 🔲 Other (explain below) |
| 11/2011 | | Snow N | /leit | ☐ Broken | Sewer 🗵 Wide | spread Flooding |
| failed. What | caused the | power | outag | e, or what pi | ugged the sewer. | r bypass occurred. For example, describe what equipment Flooding should only be indicated, as a cause if there is er levels, not just localized high water in the street. |
| The sanitary | sewer wer | e full du | ie to th | ne heavy rain | in a shot time sp | an. The street and yards were also completely flooded. |

| Wet Weather | (if appli | cable) | | | | | | | |
|--|--------------------------------------|--|---|-------------------------|---------------------------------|---|-----------------------------|---|--|
| Date(s) and D | Ouration o | f Rainfall: | | | | | | | |
| Start Date: 07-12-14 | Time: 6:00 | AM PM | End Date: 04-13-14 | Time: 7:00 | AM PM | Amount of Rainfall 3.71" | (inches) | Amount of Snow Melt (inches) | |
| Contributing saturated so | Soil Cond il. | litions (satu | ırated, frozen, | soil type) |) | 2 | | | |
| Where Did | the Dis | charge f | from the O | verflow | or Bypas | s Go? (check a | III that a | pply) | |
| Provide the n If discharge d storm sewer t Runs on g | oes not e o find the ground an | nter directl receiving d absorbs | y into surface water. into the soil | nat the wa water, bu | astewater er at indirectly l | iters, which could be by way of a ditch or | a nearby storm sew | stream, river, lake, or wetland. er, trace the path of the ditch o | |
| ☐ Storm Se | wer: Na | ame of surf | face water it d | rains to: | Calumet w | ater shed | | | |
| DESCRIPTION AND ADDRESS OF THE PARTY OF THE | | ct discharg | ie: | | 2 110 3250 | | | | |
| The second secon | | Service Contraction Contraction | 32 | esidential | I, commerci | al) of buildings affec | ted): 1 re | sidential | |
| Other, de | our survivous outsings, tage • | -, , | | | | , | | | |
| | sewer wa | as full due t | | | | | | er overflows and bypasses | |
| Report Completed By | | | | | Autl | Authorized Representative Contact Information | | | |
| Contact Person: Bob La Chapelle | | | | | Cont | Contact Person: SAME | | | |
| | t Address: 2020 CHESTNUT RD | | | | | Title: | | | |
| PO Box: | | | | | Stree | et Address: | | | |
| City: | НОМ | EOOD | State: | IL | PO E | lox: | | _ | |
| Zip Code: | 60430 |) F | Phone: 708-2 | 06-2910 | City: | | | State: | |
| County: | COO | K | | | Zip C Cour | | * | Phone: | |
| Any person Illinois EPA ILCS 5/44(h), Authorized R Bob LaChap | commits) epresenta | a Class 4 | felony. A se | ictitious, cond or s | subsequen Title | ent material statem t offense after conv | ent, orally viction is a | or in writing, to the a Class 3 felony. (415 | |
| Rota | An- | _ | | 2 | Onenia | 22-172- | 7-19 | 1-14 | |